Under the Paperwi	ork Reduction Ac FENT APPL	i et 1995. ICATIO	N FEE DE	equined to respo	<u>nd te</u>	o editation of	information u	dass it dis		control numb
			titute for Form		_			10	2-08	2.97
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALI	. ENTITY	<b>CR</b>	OTHER THAN OR SMALL ENTITY	
FOR	MUDA	MUMBER FILED		ARAMBER EXTRA		RATE	FEE	7	RATE	FEE
Basic fee (37 CFR 1.16(0))					]			OR.		
TOTAL CLAIMS (37 CFR 1.16(c))		minus			7	X 1 •		OR	z 5•	
NDEPENDENT CLAI 137 CFR 1,16(b))	14\$	minus	3 .		1	x 3 =		OR	33 .	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4)							1	OR	1.	
If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL	1	OR	TOTAL	<b>†</b>
	•			4.			<del></del>	_ ~	10174	L
OL 01	LAIMS AS AN 	MENUEL	J-PARTII						OTHE	R THAN
1-18-05	-/8-05 (Column 1) (Column 2) (Column 3					SMALL	ENTITY	OR Ti		ENTITY
Total (13 CHR 1.16cg) CHR (13 CHR 1.16cg)	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT	l	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (1) CFR 1,166(1)	17	Minus	" 49		1	25.		OR	x . 50 .	
tracheugers (2) com 1,160M	. 4	Minus	ح "	1:	1	x s/00 .		OR	x 200.	_
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM- (37 CFR 1,1891))						·s/BO.		OR	1.360	
				106	•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1)		(Cotumo 2)	7-18/0 (Column 3)	1		<u></u>		, , , , , , , , , , , , , , , , , , ,	
RCE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		· RATE	ADDI- TIONAL FEE
Total (M CFR 1,16(q)	16	Minus	" /7	-		ws 25.		OR	×.50 •	
Independent (AF CFR 1,14(kg)	3	Minus	"" H	•		x 1 /00=		OR	x = 200=	
AFTER AMENDMENT PREVIOUSLY EXTRA AMENDMENT PAID FOR STRANGE PROPERTY PAID FOR STRANGE PROPERTY PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.18(g)						+./BD-		OR	.340.	
					•	TOTAL ADOL FEE		OR	TOTAL ADD'L FEE	
14-26-06	(Column 1)		(Column 2)	(Column 3)						
,	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total GI CFR 1.19(4) Independent GI CFR 1.19(4) EIRQT DOSCENTATIO	17	Minus	" 49	•	<b>/</b>	×125.	,,,,,,	OR	×:50=	FEE
Independent Q7 GPR 1.08(pg)	Li	Minus	<del>"                                      </del>	•/	r	x 1 <u>100</u> .		OR OR	×: 200	<del></del>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(III)						+:/BD.		OR	-360	
**						TOTAL		1	TOTAL	<del></del>
If the entry in colum	nn 1 is less than	the entry i	n column 2. write	"O" in cokenn 3		VDO/LEE [		OR	ADD'L FEE	

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the LSPTO to process) an application. Confidentiatify is governed by 35 U.S.C. 122 and 17 F. 1.14. This collection is estimated to take 12 minutes to complete USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this bunder, should be sent to the Chief Information Officer, U.S. Patent and Tradenark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.